

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE OF APPLICATION

Mark ☒ one of the following categories:

- ☐ FUNERAL DIRECTOR  
Alabama Funeral Services Board  
License Number \_\_\_\_\_
- ☐ FUNERAL ESTABLISHMENT  
Alabama Funeral Services Board  
License Number \_\_\_\_\_
- ☐ CEMETERY AUTHORITY
- ☐ THIRD PARTY SELLER

MAIL TO:

ALABAMA DEPARTMENT OF INSURANCE  
P. O. BOX 303351  
MONTGOMERY, ALABAMA 36130-3351

This application shall be accompanied by payment of \$150.00 non-refundable application fee. Make check payable to "Commissioner of Insurance, State of Alabama. If additional information is required by the Alabama Department of Insurance, the additional information must be provided within forty-five (45) days from the date of request.

**TYPE OR PRINT**

1. Name of Applicant: \_\_\_\_\_  
DBA Name (if applicable): \_\_\_\_\_
  2. Federal Employer I.D. Number: \_\_\_\_ - \_\_\_\_\_ Fiscal Year End Date: \_\_\_\_\_
  3. Business Address: (Note Post Office Box is not acceptable)  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City County State Zip  
Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
  4. Mailing Address if Different from Above:  
\_\_\_\_\_  
P. O. Box or Street Address  
\_\_\_\_\_  
City County State Zip
  5. Attach a completed historical sketch (see page 4 of this application) for all principals of applicant, including officers, directors, and majority shareholders.
  6. Is the applicant, any of the persons listed herein, or any person with power to direct the management or policies of the applicant, the subject of a pending criminal prosecution or governmental enforcement action in any jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
  7. Has the applicant, any of the persons listed herein, or any person with power to direct the management or policies of the applicant, been convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude? Yes \_\_\_\_\_ No \_\_\_\_\_
  8. Has the applicant, any of the persons listed herein, or any person with power to direct the management or policies of the applicant, had a license, or the equivalent, to practice any profession or occupation denied, revoked, suspended or, otherwise acted against? Yes \_\_\_\_\_ No \_\_\_\_\_
- IMPORTANT: For each "YES" answer to questions 6-8 above, attach details and provide a copy of the allegations. For questions 7 and 8 also provide official documentation of the final disposition of the case (s).**
9. Has the applicant ever been the subject of any bankruptcy proceeding or had a judgment filed against it, either present, past or pending? Yes \_\_\_\_\_ No \_\_\_\_\_
- IMPORTANT: For a "YES" answer to question 9 above, attach a statement of the facts, together with the name and location of the court (s) in which the proceedings were held or are pending.**
10. Provide financial statements as of the applicant's most recent fiscal year end. Financial statements prepared in accordance with generally accepted accounting principles are required. (Accuracy of statements must be attested to by company President or Chief Financial Officer.)

11. Provide a list of the locations which will be conducting preneed business under this Certificate of Authority. Provide location address and any name applicable. If no additional locations, so state. Advise the Alabama Department of Insurance of any subsequent changes.
12. A statement should be included as to what type of preneed contract (s) is proposed to be written and what type of funding vehicle (s) is proposed to be used (life insurance, trust, surety bond or letter of credit). Attach a copy of the proposed type of preneed contract (s) to be used. Attach a copy of the proposed funding vehicle (s) to be used.
13. A statement should be included (if applicable) that the applicant has complied with the trust requirements for any funds received under contracts issued by himself or herself. Also a statement should be included (if applicable) that the applicant has disbursed interest, dividends, or accretions earned by trust funds, in accordance with the requirements of Title 27, Chapter 17A of the Code of Alabama 1975.
14. A statement should be included that the applicant will comply with the requirements of Title 27, Chapter 17A of the Code of Alabama 1975 and any rules and regulations promulgated by the Alabama Department of Insurance dealing with Chapter 17A.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, being first duly sworn, deposes and says:

Application is hereby made for a certificate of authority as provided for in Title 27, Chapter 17A of the Code of Alabama 1975, to engage in business as a preneed seller of merchandise and services. I hereby affirm that the above information is true and correct and acknowledge that any misstatement may cause the Alabama Department of Insurance to initiate proceedings against the certificate of authority.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Officer, Director or Representative Agent

\_\_\_\_\_  
Title of Applicant (Type or Print)

\_\_\_\_\_  
Date (Must be within 30 days prior to receipt by DOI)

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

**HISTORICAL SKETCH OF PRINCIPALS**  
**(Form must be complete)**

I, \_\_\_\_\_, submit the following information to the Alabama Department of Insurance, for its use as a part of the application for a certificate of authority to sell preneed funeral merchandise and services and/or cemetery merchandise and services pursuant to Title 27, Chapter 17A of the Code of Alabama 1975 by

\_\_\_\_\_  
(name of applicant for certificate of authority)

Residence Address: \_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city) (county) (state) (zip)

Have you, or any company of which you are, or were then, an officer or member, ever been the subject of a bankruptcy proceeding or had a judgment filed against you or the entity, either present, past or pending?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If "Yes" provide a statement of the charges and facts of the case (s), together with the name and location of the court (s) in which the proceedings were held or are pending.)

Relationship to Applicant for Certificate of Authority: \_\_\_\_\_  
(office held, % of ownership, etc.)

Other Business Affiliations: Provide a list of all business entities or organizations with which you are presently affiliated. Attach additional list if necessary. (This does not include social organizations.)

Business Name and Location	Nature of Business	Affiliation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History:

Complete the following schedule to show employment history for the past ten (10) years. Attach an additional sheet if necessary.

\_\_\_\_\_  
Name of Present or Last Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Next Previous Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By affixing my signature to this form, I hereby agree that the Alabama Department of Insurance may make full inquiry of each of the above named persons and all former employers and all other persons concerning my business, professional or moral character and reputation, including the procurement of letters, statements or affidavits concerning the same that may be deemed pertinent to a determination of my qualifications for application to obtain a certificate of authority to sell preneed funeral merchandise and services, and do specifically waive all claims, damages, rights of action or causes of action that might otherwise accrue to me against any of said persons, resulting or arising from, or by reason of, any and all statements of fact or opinion given in good faith concerning me expressed by any of them in reply to any inquiry made by, or under the direction of, the Alabama Department of Insurance, whether the same be responsive to, or necessarily required by, such inquiry or not, and that all such statements shall be deemed privileged and not actionable by me unless such statements are, in fact, willfully made and falsely given with malice toward me. I understand that this inquiry may include a criminal background check through the Alabama Department of Public Safety or any other appropriate state agency and the National Criminal Information Center (NCIC).

#### **CERTIFICATION**

I hereby certify that the information presented herein is true and correct to the best of my knowledge and belief, that said information is submitted voluntarily by me to the Alabama Department of Insurance as essential data in connection with the application described above, and acknowledge that any misstatement may cause the Alabama Department of Insurance to initiate proceedings against the license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Form No. AL. HSP (4/2002)

**LIST OF PRINCIPALS**

**General Instructions and Information:**

1. List all the principals for the Certificate of Authority and all Branches.
2. Include all officers, directors, owners, partners, etc.
3. This page can be copied as many times as is necessary. Please indicate at the top of each page the page number and total number of pages.

**Summary Information:**

Printed Name: \_\_\_\_\_

Relationship to Certificate of Authority Holder:

Owner ☐ % of Ownership: \_\_\_\_\_

Officer ☐ Title: \_\_\_\_\_

Director ☐

Partner ☐

Member ☐ (Limited Liability Corp.)

Other ☐ Relationship: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Certificate of Authority Holder:

Owner ☐ % of Ownership: \_\_\_\_\_

Officer ☐ Title: \_\_\_\_\_

Director ☐

Partner ☐

Member ☐ (Limited Liability Corp.)

Other ☐ Relationship: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Certificate of Authority Holder:

Owner ☐ % of Ownership: \_\_\_\_\_

Officer ☐ Title: \_\_\_\_\_

Director ☐

Partner ☐

Member ☐ (Limited Liability Corp.)

Other ☐ Relationship: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Certificate of Authority Holder:

Owner ☐ % of Ownership: \_\_\_\_\_

Officer ☐ Title: \_\_\_\_\_

Director ☐

Partner ☐

Member ☐ (Limited Liability Corp.)

Other ☐ Relationship: \_\_\_\_\_

### **Financial Information**

Section 27-17A-11 of the Alabama Code requires both initial applicants for certificates of authority and persons applying for the renewal of their certificates of authority to provide the Commissioner of the Alabama Department of Insurance with a statement demonstrating, among other things, that the applicant “has the ability to discharge his or her liabilities as they become due in the normal course of business”. Beginning on September 4, 2002, persons seeking to comply with these requirements must, at a minimum, provide the Commissioner compiled financial statements with full disclosures, including a cash flow statement, prepared on a generally accepted accounting principals (GAAP) basis. Financial statements prepared on any other basis will not be accepted.